

VS Form 4-33 Brucellosis Test Record

This form must be completed for each animal or herd tested for brucellosis.

- *Individual animals may be tested for diagnostic purposes.*
- *Whole herd tests must include all cattle and bison over 6 months of age except steers and spayed heifers.*
- *Complete Herd Tests for swine must include all breeding swine 6 months of age and older, except that swine being fed for slaughter that are not in contact with breeding swine may be exempted from CHT requirements if approved by the appropriate regulatory official.*
- *Federal requirements determine testing requirements for interstate movement and individual destination states may have additional testing requirements for movement into their state.*
- *Federal requirements determine testing requirements for international movement and individual destination countries may have additional testing requirements for movement into their country.*

This form will be sent with the blood samples to an approved lab for testing. A list of accredited veterinary diagnostic laboratories and their contact information can be found at: <http://www.aavld.org> under Accreditation. Also important to note is that this test record was created during the brucellosis eradication program. Therefore, it has a number of information boxes that no longer apply such as test, program, wbbs, farm unit, previous test date, etc. You may leave those types of boxes blank.

This document is intended to give guidance on how to complete VS Form 4-33. Recognize that these are not official directions and forms change over time. If you have any questions regarding how to complete this form, contact your VS Area Office. A properly completed form is critical to assure proper compliance.

STATE: State where the herd is located. It may not be the same as the owner's residence state.

COUNTY: Name of the county where the herd is located.

CODE: The Federal Information Processing Standards (FIPS) county codes are no longer collected; leave blank. However, your SAHO or AVIC may assign another local code for their purposes.

HERD NUMBER: Herd numbers are assigned by the state. You may not have them when you complete the form; leave blank.

OWNER NUMBER: Owner numbers are assigned by the state. You may not have them when you complete the form; leave blank.

TEST: PROG: WBBS: Leave blank. The above three boxes are for use by Veterinary Medical Officers to account for time in the field.

HERD OWNER: Last name, first name, and middle initial of the owner of the herd.

ROUTE-STREET-ROAD: Mailing address of owner. This address may be different than the location the animals.

POST OFFICE: City/Town of the owner's mailing address.

STATE: State of the owner's mailing address.

ZIP CODE: Zip code of the owner's mailing address.

RGE: TWP: SEC: Range, Township, and Section are systems used to give legal descriptions of parcels of land in many states. Record if appropriate.

DISTRICT: Geographical descriptions for locating parcels of land in some states. Record if appropriate.

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FARM UNIT: Used to identify groups of animals of a large herd that is maintained in two or more separate and distinct units. Rather than having two herd names and numbers, one herd name and number can be used and the two or more units would have different unit identifiers. Record if appropriate.

PREVIOUS TEST DATE: If the animals are being retested, enter the date of the previous test.

VET CODE: Identification code of the veterinarian that performed the **previous test**. This information can be found on the VS Form 4-33 from the previous test.

TOTAL: Total number of animals tested on the **previous test**.

REA: Total number of reactors on the **previous test**.

SUS: Total number of suspects on the **previous test**.

CERTIFICATION FOR PAYMENT: Check the appropriate box that reflects payment for this test.

FEDERAL EMPLOYEE: Check here if you are an employee of the federal government.

FEE BASIS (FEDERAL): Check here if a federal program is paying for the test.

STATE COUNTY: Check here if the test is part of a state or county program which is paying for the test.

PRIVATE (OWNER'S EXPENSE): Check here if the test is being performed at the owner's expense.

REASON FOR TEST:

INITIAL: Mark if this is the first test of the herd.

RETEST: Mark if a previous test for Brucellosis has been done on the herd. If "RETEST" is marked then the previous test date and required information should be noted in the "PREVIOUS TEST" section above.

LIST OF REASONS FOR PERFORMING THE TEST: In boxes 1 through 9, give reasons for testing the animal(s).

If no reasons apply, then check box 10 and briefly explain in the remarks block. If you are unsure as to which box to check, contact your State Animal Health Official (SAHO) or your Area Veterinarian-in-Charge (AVIC).

- For interstate or intrastate movement, check box 10 and write "CVI" and the destination state.
- For international movement, check box 10 and write "Export". To help the laboratory perform the correct test for export, in large block letters in the animal information section, write the destination country and the type and titer of the test needed for export. If you need to send the sample to NVSL for testing, you should use VS Form 10-4 and not VS Form 4-33.

DATE LISTED: To be completed by the animal identification coordinator. It corresponds to the date that a test was ordered for cause. Not used by private practitioners in routine testing.

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS: Check "YES" if all eligible animals in the herd were tested. Check "NO" if some of the test eligible animals in the herd were not tested for any reason.

NO. IN HERD: List the total number of animals in the herd.

KIND OF HERD: Select the appropriate box to describe the type of animals being tested. "OTHER" would refer to situations that the provided boxes do not apply for. Example: BISON or OVINE

LABORATORY: PLACE, DATE, and BY. These three boxes will be filled out by the testing laboratory

SUMMARY: NEGATIVE, SUSPECT, REACTOR, and TOTAL. These boxes are filled out by the testing laboratory.

SIGNATURE: Signing this document certifies that you have met the certification requirements stated above the signature.

AGREE CODE: Agreement code of the veterinarian performing the agreed duties. Agreement codes are assigned by your state. Some states require the state license number. Enter your National Accreditation Number (NAN) if required.

ROUTE, STREET, ROAD: Mailing address of the certifying veterinarian.

DATE BLED: Date the blood was collected from the animals for testing.

POST OFFICE: City/Town of the certifying veterinarian.

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STATE: State of the certifying veterinarian.

ZIP CODE: Zip code of the certifying veterinarian.

FIELD TEST DONE BY: This box is used by the Veterinary Medical Officer or accredited veterinarian performing an on-site card test for brucellosis.

REACTORS TAGGED AND BRANDED: Documents that all reactor animal(s) have been tagged and branded appropriately.

DATE: Date reactors were tagged and branded.

SIGNATURE: Signature of the veterinarian that supervised and oversaw the tagging and branding.

AGREE CODE: Agreement code of the veterinarian that supervised and oversaw the tagging and branding.

TUBE NUMBER: Instructions may vary depending on the laboratory, but the tube is numbered so it can be referenced to the blood collected from a specific animal. The tubes are numbered sequentially giving a different number to each tube in the herd tested.

2: Record as appropriate: RT= ReTag, AB= Aborter, NA= Natural Addition, PA= Purchase Addition. *(Codes are posted at bottom of form VS 4-33)*

RECORD ALL IDENTIFICATION NUMBER(S): Record all forms of identification including eartag(s) and tattoo(s).

VACC TATTOO: List the present calfhood tattoo in the right ear. Record all legible characters.

AGE: List the age of the animal being tested and the units such as “Y” for years and “M” for months. For example, 3Y or 8M.

BREED: Use breed codes. See Breed Code Guide.

SEX: Indicate the sex of the animal (M – Male, F – Female, NM – Neutered Male, NF – Neutered Female).

FLD T: This is the reaction (result) from the field test. P= positive N= negative. The field test is only performed by Veterinary Medical Officers.

LABORATORY RESULTS: The area where the laboratory reports the type of test performed and the results.

TEST INTERP: Test interpretation will be posted by the testing laboratory as follows:

N- Negative

S- Suspect

R- Reactor

There are other codes occasionally used by the testing laboratory such as M for missing sample, or B for broken sample, or W for withheld because an epidemiologist needs to interpret the test result.

CLASSIFIED BY: Reported by the laboratory *(at the bottom of the form)*.

DATE CLASSIFIED: Reported by the laboratory *(at the bottom of the form)*.

REMARKS AND ADDITIONAL INFORMATION: Area where additional information of various types could be provided.

REACTOR TAG NUMBER: Record the tag number if a positive animal is tagged and branded.

TEST AUTHORIZATION EXPIRES: Leave this area blank. Only VS employees or State Animal Health Officials may complete this box.